

FORM PTO-1390  
(REV. 10-2003)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

**TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371**

ATTORNEY'S DOCKET NUMBER

10191/3363

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

**10/506960**INTERNATIONAL APPLICATION NO.  
**PCT/DE02/04495**INTERNATIONAL FILING DATE  
**07 December 2002  
(07.12.02)**PRIORITY DATE CLAIMED:  
**05 March 2002  
(05.03.02)**TITLE OF INVENTION  
**DEVICE AND METHOD FOR ATTACHING A SENSOR MEANS**

APPLICANT(S) FOR DO/EO/US

**Frank KURFISS, Ulrich SEGER, Uwe APEL, and Andre SKUPPIN**

Applicants herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☒ This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.
4. ☒ The US has been elected (Article 31).
5. ☒ A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a. ☐ is attached hereto (required only if not communicated by the International Bureau).
  - b. ☒ has been communicated by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).
  - a. ☒ is attached hereto.
  - b. ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
7. ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a. ☐ are attached hereto (required only if not communicated by the International Bureau).
  - b. ☐ have been communicated by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☒ have not been made and will not be made.
8. ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). (unsigned)
10. ☐ An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

11. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
12. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13. ☒ A preliminary amendment.
14. ☐ An Application Data Sheet under 37 CFR 1.76.
15. ☒ A substitute specification, and a marked-up version thereof.
16. ☐ A power of attorney and/or change of address letter.
17. ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
18. ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
19. ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20. ☒ Other items or information: International Search Report (translated), and PCT/RO/101.

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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/506960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | INTERNATIONAL APPLICATION NO.<br>PCT/DE02/04495 |                                                                                                                            | ATTORNEY'S DOCKET NUMBER<br>10191/3363 |    |
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5)):</b><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO ..... <b>\$1080.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO ... <b>\$920.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO<br>but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$770.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$730.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>and all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b><br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> |              |                                                 |                                                                                                                            | <b>CALCULATIONS PTO USE ONLY</b>       |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                            |                                        |    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                            | \$ 920                                 |    |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                 |                                                                                                                            | \$                                     |    |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER FILED | NUMBER EXTRA                                    | RATE                                                                                                                       |                                        |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 - 20 =     |                                                 | X <b>\$18.00</b>                                                                                                           | \$ 0                                   |    |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 - 3 =      |                                                 | X <b>\$86.00</b>                                                                                                           | \$ 0                                   |    |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                 | + <b>\$290.00</b>                                                                                                          | \$ 0                                   |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                 |                                                                                                                            | \$ 920                                 |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                 |                                                                                                                            | \$                                     |    |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                 |                                                                                                                            | \$ 920                                 |    |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                 |                                                                                                                            | \$                                     |    |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                 |                                                                                                                            | \$ 920                                 |    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                 |                                                                                                                            | \$                                     |    |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                 |                                                                                                                            | \$ 920                                 |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                            | <b>Amount to be refunded:</b>          | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                 |                                                                                                                            | <b>charged</b>                         | \$ |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>11-0600</b> in the amount of <b>\$ 920.00</b> to cover the above fees.<br>A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>11-0600</b> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                             |              |                                                 |                                                                                                                            |                                        |    |
| <b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                 |                                                                                                                            |                                        |    |
| SEND ALL CORRESPONDENCE TO:<br>KENYON & KENYON<br>One Broadway<br>New York, New York 10004<br>CUSTOMER NO. 26646                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                 | By: <i>Richard L. Mayer</i> (Reg. No. 41,172)<br>SIGNATURE<br>Richard L. Mayer (Reg. No. 22,490)<br>NAME<br>9/7/04<br>DATE |                                        |    |